REPORT FOR DISABILITY INSURANCE PURPOSES OF TREATMENT IN A HOSPITAL OR FROM AN ATTENDING PHYSICIAN

PART II

PART II of this application should be completed by the appropriate hospital official or by the veteran's attending physician. If appropriate hospital summaries are available, please forward with application.

1. FIRST, MIDDLE, LAST NAME OF INSURED *(Type or print)*	2. INSURANCE FILE NUMBER *(Include letter prefix)*

3. HOME ADDRESS *(Number and street or rural route, city or P.O., State and ZIP Code)*	FOR VA USE ONLY	
	4. CLAIM NUMBER	5. SOCIAL SECURITY NUMBER

6. HISTORY *(Conditions causing disability)*

A. WHEN DID INJURY OR ILLNESS BEGIN?	B. DATE INSURED STOPPED WORKING BECAUSE OF DISABILITY

C. DATE OF FIRST TREATMENT	D. FREQUENCY AND NATURE OF TREATMENT

E. OBJECTIVE SYMPTOMS AND FINDINGS WHEN FIRST SEEN	F. DIAGNOSIS, INCLUDE RESULTS OF SPECIAL STUDIES

7. HOSPITALIZATION

DATE		NAME AND ADDRESS OF HOSPITAL	CONDITION AT DISCHARGE
FROM	TO		

8. PROGNOSIS

A. DATE OF LAST EXAM OR TREATMENT	B. OBJECTIVE FINDINGS

C. DIAGNOSIS - CONDITIONS CAUSING DISABILITY	D. IS VETERAN CAPABLE OF DOING ALL OF HIS/HER WORK? ☐ YES ☐ NO E. IS VETERAN CAPABLE OF DOING ANY OTHER WORK? ☐ YES ☐ NO

F. CARDIAC CONDITION *(Check if applicable)*

☐ AHA FUNCTIONAL CAPACITY - CL 1 (NO LIMITATION)
☐ AHA FUNCTIONAL CAPACITY - CL 2 (SLIGHT LIMITATION)
☐ AHA FUNCTIONAL CAPACITY - CL 3 (MARKED LIMITATION)
☐ AHA FUNCTIONAL CAPACITY - CL 4 (COMPLETE LIMITATION)

G. MENTAL/NERVOUS IMPAIRMENT *(Ability to function in stressful situations and engage in interpersonal relations) (Check if applicable)*	H. SINCE FIRST TREATMENT - HAS VETERAN
☐ NO LIMITATION ☐ SLIGHT LIMITATION ☐ MODERATE LIMITATION ☐ MARKED LIMITATION ☐ SEVERE LIMITATION	☐ IMPROVED ☐ WORSENED ☐ REMAINED THE SAME

9. NAME AND ADDRESS OF ATTENDING PHYSICIAN OR HOSPITAL	
10. DATE OF REPORT	11. SIGNATURE AND TITLE OF PERSON PREPARING REPORT

When completed and signed, send this claim form IMMEDIATELY to the office of the Department of Veterans Affairs where the Insurance Records are maintained. The addresses of the Department of Veterans Affairs offices that maintain these records are:

Department of Veterans Affairs
Regional Office and Insurance Center (WP)
P.O. Box 7208
Philadelphia, PA 19101

Department of Veterans Affairs
Regional Office and Insurance Center
Federal Building, Fort Snelling
St. Paul, MN 55111